

Prevention: The Best Form of Rehabilitation?

By Gabrielle Saunders, PhD

Recently, I attended the annual conference of the National Hearing Conservation Association (NHCA) for the first time. There I met numerous individuals passionately involved in hearing conservation for people of all ages and in many walks of life.

There were those addressing occupational hearing conservation programs, military hearing conservation and conservation programs aimed at children through schools and museums. It was fascinating to me to learn that many attendees were not audiologists and knew relatively little about hearing and the auditory system. There were industrial hygienists, occupational health nurses, health and safety experts, health compliance officers and hearing conservation specialists. The common link between these individuals was their concern for protecting the hearing of the population they represent.

As I am the immediate past president of the Academy of Rehabilitative Audiology (ARA), you might wonder why I am writing about hearing conservation rather than rehabilitation. After all, the purpose of the ARA is “to promote excellence in hearing care through the provision of comprehensive rehabilitative and habilitative services.” The ARA is a small society, which, like the NHCA, consists of members who specialize in a variety of areas, including clinical, educational and rehabilitative audiology, psychology, speech pathology, auditory research, and product development and evaluation. The ARA provides a forum for the exchange of ideas, knowledge and experiences with the audiologic habilitative and rehabilitative components of hearing care. We foster and stimulate education, research and interest in habilitation and rehabilitation for persons who are hearing impaired. We aim to expand and improve delivery of services to, and on behalf of, individuals with hearing impairment, and we serve as a public policy advocate for audiologic rehabilitative and habilitative services.

Although at first glance our missions differ—at the most primary level, we deal with the individuals the NHCA fails to reach—our organizations have similar goals in that we aim to minimize the detrimental effects of hearing loss on the individual and society. Stephen Fausti, PhD, has often said that “prevention is the best form of rehabilitation.” Taken literally, this statement is somewhat paradoxical, but from a holistic perspective, I believe he is correct, since presumably not requiring rehabilitation is better than any rehabilitation we can currently provide.

This is where hearing conservation comes in. Noise-induced hearing loss (NIHL) is a huge problem in today's society and even our children are at risk. Niskar et al (2000) looked at data from the 3rd National Health and Nutrition Examination Survey (NHNES) and found that 5.2 million children aged between 6 to 19 years had hearing loss directly related to noise exposure.¹ Similarly, Montgomery and Fujikawa (1992) showed that, over the last 10 years, the percentage of 2nd graders with hearing loss has increased 2.8 times and that hearing loss in 8th graders has increased over 4 times.²

The Occupational Safety and Health Administration (OHSA) has had standards for occupational noise exposure since 1987, but these standards do not apply to leisure and recreational environments, such as the night clubs, rock concerts, power tools, and motorized sport vehicles to which many are exposed in daily life. Furthermore, hearing conservation education programs for children are sorely lacking. As pointed out by a colleague (Folmer, 2007), "...despite recommendations made by experts over the past 30 years, basic hearing-loss prevention information that could prevent countless cases of NIHL remains conspicuously absent from school curricula."³

As audiologists, the bulk of our work addresses the rehabilitation of individuals with hearing impairment, but as a profession we have an understanding of the auditory system and the skills required to bring hearing conservation to the forefront of our practice. Not only should we educate the youth of today, but also our clinic patients so that they conserve the remaining hearing they have.

References

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